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# California's Health

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## MULTIPLE SCREENING DEMONSTRATED IN TWO MOUNTAIN COUNTIES

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How an enthusiastic community health program can spill into a neighboring county was demonstrated this spring and early summer in two small counties which contract with the State Department of Public Health for services. It came about simply because the health officer of Mono County was invited to a health fair in Alpine County. For the past 5 years, Alpine County, the county in California with the smallest population, 397 people, has had an annual "health fair." The first health fair was held in a trailer parked beside the court house in Markleeville. Immunizations and a display of posters and literature were the main features.

### Alpine County Health Fair Becomes Annual Event

The following year, the health event was an "open house," prompted by the acquisition of an abandoned but usable school house, made available to the Alpine County Health Department for public health services. The next year, a similar event took place and a health fair for Alpine County now seemed destined as an annual occasion. Each year, new dimensions were added. Immunizations, exhibits, weight control, vision and hearing tests, health films and dental inspections were some of the services offered. In a county devoid of medical resources and with no entertainment, theaters, newspapers, churches (there is now one church in the county), it was almost a foregone conclusion that practically the whole community

would avail themselves of this opportunity.

This spring, the major attraction was a complete multiple screening program for adults 35 years of age and over. With the full support of the part-time health officer who services the county from a nearby city in the State of Nevada, the mothers club, the public health nurse assigned part-time from the Al Tahoe Office in El Dorado County, and with technical and educational direction from the Central Staff of the Bureau of Public Health Contract Services, the multiple screening program was planned.

With the help of a corps of active volunteers from the mothers club, and with the assistance of physicians, public health nurses, a dentist, a nutritionist and other professional personnel from the State Department of Public Health, tests for heart impairment, diabetes, tuberculosis, hearing loss, vision abnormalities, weight problems, venereal disease and cancer detection were offered. Immunizations for polio, tetanus and smallpox were also available. Prior to screening, each individual was given a questionnaire (an adaption of the Cornell Medical Index) to gain some information as to his or her medical history. Each individual, at the conclusion of the screening, had an interview with the health officer, who is also the family physician for most of the residents of this little county on the east side of the Sierra Nevada.

Multiple screening was not the only part of the annual health fair this year. Forty pre-school children had complete physical examinations,

including immunizations and tuberculin tests. School-age children had the benefit of tuberculin tests and dental examinations and there were health films, educational displays and socialization with the help of refreshments supplied by the mothers club for all. Sixty-three adults over 35 years of age went through the various screening tests to learn more about their health. A surprising amount of disease was uncovered, much of it believed to be previously unknown. For example, 28 percent had vision defects, 25 percent high blood sugar, and 15 percent were found to have elevated blood-pressure. It was interesting that many of these persons stated they had not had one or another of these examinations for 15 to 20 years and some never. Several of the pre-school children were found to be recent tuberculin converters and one little girl was found to have a large mass in her abdomen.

### Interest Spreads to Mono County

Six weeks after the Alpine County project, the adjoining County of Mono with a population of 2,213 conducted a similar health program. The rapid decision for a second project was precipitated by the enthusiasm of the health officer. It was with some reservation that the Bureau of Public Health Contract Services viewed the Mono County undertaking with so little time for planning. From the community organization and public education aspects, it seemed especially undesirable to plan such a major project on such short notice. Yet there were many factors that made it im-

\* Dr. Brown was on assignment to the California State Department of Public Health from July 1, 1959-June 30, 1961.

perative that it be held in early May, the most important ones being the impending tourist season, the potential loss of two physicians who would be able to assist with the examinations and the desires of the local community.

It was soon demonstrated that the enthusiasm and determination of the health officer to have the health fair spread like wild-fire throughout the county. Although the Mono County Health Fair was almost a replica of its predecessor in the county to the north, to accommodate all the people it ran for three days and evenings instead of a single afternoon and evening. The total attendance was about 1,000 as compared to 150 in Alpine County, and nearly 50 percent of the eligible population went through the multiple screening tests.

Screening techniques and laboratory procedures varied somewhat in Mono County. With the latter program coming fast on the heels of the earlier one, the first experiment was in effect a "dry run." Technical procedures for the second were carefully studied in the light of the previous experience and every effort was made to obtain better reliability. The concept of reliability includes good sensitivity and selectivity. A sensitivity test is one that does not yield a high percentage of false negatives; a selective or specific test will not give too many false positives. Although the tests were geared to detect the same abnormalities, methods of gaining results changed, and tests to detect early glaucoma and advanced hearing loss were added.

In Mono County, registered nurses within the area were recruited and assisted with the program eliminating the necessity of utilizing public health nurses. Nurses who had not been in uniform for years entered into the program with glowing ardor and professional dignity. Over 150 volunteers under the leadership of an inspired chairman participated during the three days. Placement and on the job training of the volunteers was not the best, simply because of little time between shifts and an overwhelming attendance. However, the volunteers were resourceful and cooperative, and like the professional staff, worked long hours often without breaks for meals.

#### Test Results

Of the 467 apparently well persons in Mono County who were examined

for the detection of early illness, 43 percent were found to have weight problems, 30 percent had abnormal EKG's, and 22 percent had high blood pressure. About 3 percent of the tests for diabetes, chest disease and glaucoma were abnormal. Only 1½ percent had positive serologic tests for syphilis. Knowledge of the actual diagnosis and discovery of disease previously undiagnosed is not available yet. An evaluation of how much undiagnosed disease was brought to the attention of the patient and the physician is now under way.

Cancer detection consisted of a rectal and prostate examination for men and the cervical smear and breast examination for women. One woman with a questionable smear had confirmatory diagnosis and corrective surgery within the month. Twelve men of 215 examined for early diagnosis of carcinoma were advised to see their family physician for further definitive diagnostic studies.

Like the Alpine County Health Fair, there were other features besides multiple screening in Mono County. Eighty-six pre-school children were examined and young adults availed themselves of chest X-rays and immunizations. During the three day period, almost half of the total population of the county visited the community hall in Bridgeport.

#### Why Did the People Come?

A review of the techniques used to gain community support and to influence individuals and families to participate in this community health program reveals interesting factors, some of which may be unique to a rural county.

The attendance was not dependent upon years of build-up such as could be the case in Alpine County, but was attained by five short weeks of effort by community leaders and groups. All communities have persons who by reason of profession or occupation have influence on community attitudes. It was found that the county supervisors have this power in Mono County. After officially endorsing the health fair, each supervisor vigorously discussed the coming event with groups and individuals in his district. As a means of securing volunteers, the Rebecca Lodge was invited to sponsor the project. This lodge was selected because it is one of the few women's organizations with county-

wide membership. Fortunately, their regular meeting came shortly after the decision was made to hold the health fair.

A registered nurse, the wife of the county auditor, was named chairman of the volunteer program. Teachers, too, have some degree of influence on community attitudes. In Mono County, the teachers not only had the students take fliers home to their families but the fliers and posters were designed by the pupils. The welfare director sent letters to welfare recipients and the public health nurse spread the message by word of mouth as she made home calls and visited the schools.

#### Dental Health Survey Part of Health Fair

A team from the State Health Department's Division of Dental Health including two dental hygiene students conducted a dental health program concurrently with the health fair. This project in the schools was, no doubt, also a stimulating influence. The project consisted of dental examinations (DMF) of all elementary school children. The Russell's PI Index (for assessing periodontal disease) was done on all 10, 11, 12 and 13 year old children and the application of topical stannous fluoride solution on children 6, 7, and 8 years old. This was the first topical application project conducted by the Division of Dental Health anywhere in California and the applications will be repeated again in 1962 and 1963.

A significant factor was the role of the county health officer and the public's "image" of him as a leader. Although he is a busy practitioner as well as serving as health officer, he took the time to enlist the cooperation of community groups, obtain specialized supplies and personnel and the loan of equipment. Not only did he identify political leaders and others with influence on community attitudes, but he was able to gain their immediate support as well as to provide the opportunity for them to participate in the planning. Most of all he was able to get the help of all the physicians in the surrounding countryside to assist with the medical examinations.

Films, talks before organized groups, community involvement and personal contact all played an important part in motivating the public. Releases to the widely read weekly newspaper in Mono County were well

## SUMMARY OF 1961 PUBLIC HEALTH LEGISLATION IN CALIFORNIA

The following bills and resolutions relating to public health were passed by the Legislature at its 1961 session and approved by Governor Edmund G. Brown. Copies of any bill may be obtained free of charge by writing to the Legislative Bill Room, State Capitol Building, Sacramento.

## ASSEMBLY BILLS

**AB 21 Mr. Waldie Communicable disease prevention and control.**

Authorizes use of registered or certified mail for service or notice of orders or demands regarding communicable diseases, if a receipt signed with the name of person served or notified is obtained.

Makes violation of order of health officer directing person to submit to an examination to determine if he has tuberculosis in an infectious stage a misdemeanor.

**AB 141 Mr. Kilpatrick Health and sanitary conditions of jails.**

Requires, rather than authorizes, county and city health officers to investigate health and sanitary conditions in jails and detention facilities at least annually and submit a detailed report of findings to the person in charge and to the board of supervisors or city governing body.

timed and gradually built up to a dramatic climax.

## Conclusion

The two projects of multiple screening done in these two contract counties were in the nature of demonstrations only. They were planned to gather information on the incidence of disease and provide useful information on the physical status of rural people far from medical centers and in counties with limited laboratory facilities. It is hoped that the educational impact on the community may be far reaching. Several hundred people now know what tests a complete medical examination might include. Others have learned that serious illness can be present though symptoms are absent.

Physicians and nurses from the surrounding area had the opportunity to witness as well as assist with this type of health service. State Public Health Department staff also had an opportunity to be actively involved in the planning and execution of a chronic disease prevention program. But most important, the two county health departments are on the map as being interested and concerned in the health of the people of the community.

**AB 249 Mr. Cameron State Department of Public Health records.**

Deletes provisions which make certain records of the State Department of Public Health regarding hospitals confidential.

**AB 264 Mr. Grant Restaurant sanitation.**

A new Restaurant Sanitation Act regulating sanitation of restaurants, itinerant restaurants, vehicles and vending machines.

**AB 266 Mr. Z'berg Hazardous substances.**

Requires labeling of certain defined hazardous substances.

**AB 341 Mr. Beaver Public swimming pools.**

Provides that rules and regulations adopted by the State Department of Public Health pertaining to public swimming pools shall not apply to any existing pool if such pool as constructed is reasonably safe and the manner of construction does not preclude compliance with requirements as to bacteriological and chemical quality and clarity of the water in such pool.

**AB 480 Mr. Dahl Physically handicapped persons.**

Specifically includes children suffering from cystic fibrosis under the crippled children's program.

**AB 541 Mr. Meyers State employees' health benefits.**

Establishes program under Board of Administration of State Employees' Retirement System whereby the State, through group hospital and medical care plans approved or contracted for, shall pay a portion of the monthly insurance premiums of State employees and persons receiving retirement allowances from the State or university retirement system who participate in program.

Prescribes standards to be met in qualifying plans for contract or approval, vests in Board of Administration powers necessary to administer act, defines minimum health benefits to be provided by plans, fixes State's monthly premium contribution per person at maximum of \$5, and makes act operative January 1, 1962.

**AB 656 Mr. Sedgwick Co-ordinating Council on Programs for Handicapped Children.**

Establishes a Co-ordinating Council on Programs for Handicapped Children composed of the Directors of the State Departments of Education, Mental Hygiene, Public Health, and Social Welfare.

Directs the Council to make a continuous review of programs and services being offered by State and local agencies in California to physically and mentally handicapped persons under 21 years of age, to co-ordinate existing programs, and to make annual reports to the Governor and the Legislature recommending needed legislation.

**AB 787 Mr. Mulford State housing.**

Repeals State Housing Act and abolishes Commission on Housing.

Provides for rules and regulations of housing by Division of Housing by rules and regulations not less restrictive than those in uniform building, plumbing and electrical code.

**AB 1315 Mr. Wolfrum Plastic bags.**

Defines "clear legible type" as used in law regulating use of polyethylene plastic bags.

Prohibits use of bag made of polyethylene plastic material thinner than 0.001 inch which is large enough to fit over a child's head by any retail store as a container for products delivered to purchasers, other than for food products weighing not more than five pounds, or by any other retail business establishment to package article, if any cartoon, picture, or caricature is on such bag which will encourage their use as a toy by children under 12 years of age.

**AB 1549 Mr. Rumford Radioactive contamination.**

Revises and expands provisions regulating disposal of radioactive wastes to also cover storage, transporting, and loading of radioactive wastes, also covers radioactive contamination of the environment by nuclear installations and field tracer studies.

**AB 1593 Mr. Winton Reorganization of state government.**

Reorganizes the State Government by creating a Health and Welfare Agency consisting of the Departments of Social Welfare, Mental Hygiene and Public Health; creates other agencies.

**AB 1634 Mr. Lunardi Transportation of radioactive materials.**

Transfers administration of law pertaining to transportation of radioactive materials

EDMUND G. BROWN, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

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from the State Fire Marshal to the State Department of Public Health.

Eliminates requirement that regulations relating to such transportation be no more restrictive than those of Interstate Commerce Commission.

Requires enforcement of law by officers charged with enforcement of Vehicle Code and permits enforcement by personnel of State Department of Public Health, Division of Industrial Safety, or city or county health departments.

Provides that Health and Safety Code provisions do not preclude a city or county from adopting regulations to meet special local conditions in a manner consistent with State law and regulations.

**AB 1775 Mr. Waldie Malpractice insurance for public employees.**

Permits local public agencies to purchase and maintain in force malpractice insurance policies to protect their medical and dental personnel employees against claims that may be brought or filed against them.

**AB 1940 Mr. DeLotto Polio immunization.**

Prohibits admission of any person to a public or private elementary or secondary school unless the person has been immunized against poliomyelitis.

Exempts persons presenting written statement indicating conflicting religious belief, except that such persons may be temporarily excluded upon presence of good cause for belief that they are suffering from the disease.

Requires the State Department of Health to adopt and enforce rules and regulations to carry out the provisions of the chapter. Requires county health officer to set up immunization program.

**AB 1975 Mr. Lunardi Radiation control.**

Enacts the "Radiation Control Law" which provides for regulation, licensing and registration and inspection of radiation sources by the State Department of Public Health.

Provides for a schedule of fees; records to be kept by persons possessing or using radiation sources; agreements between Governor and federal government for assumption by State of certain of federal government's responsibility regarding radiation sources; inspection agreements between the State and other agencies and training programs for personnel; local participation by cities and counties in radiation control; procedure for issuance, suspension or revocation of licenses, injunction proceedings to enjoin violations; prohibited uses of radiation sources; impounding of radioactive material in event of emergency; and penalties for violations.

Defers licensing of X-ray machines until July 1, 1962.

**AB 1992 Mr. Wolfrum Fees for local health officers.**

Provides that city or county may adopt an ordinance prescribing fees for reasonable expenses incurred by local health officer while enforcing any State statute or any regulation or order of any State agency where such expenses are not met by any fee prescribed by the State.

**AB 1997 Mr. George E. Brown Phenylketonuria.**

Specifically includes children suffering from phenylketonuria under the crippled children's program.

**AB 2182 Mr. Porter Sewer wells.**

Authorizes, subject to designated conditions, injection by well of water reclaimed from sewage into a subterranean water-bearing stratum where a regional water pollution control board finds that controlled recharge of such stratum is necessary to augment and protect the water in such stratum for domestic supply.

**AB 2258 Mr. Chapel Storm water drains.**

Excepts proceedings from the construction of storm water drains from coverage of act when proceedings have been recommended by health officer as a necessary health measure.

**AB 2316 Mr. Rumford Radioactive waste material.**

Adds radioactive waste materials to list of materials included within the term "garbage" for the purpose of the laws regarding pollution of navigable waters.

Requires the person in charge of a vessel which is to dump or deposit radioactive waste materials in the ocean to notify the State Department of Public Health thereof.

Permits the department to allow the vessel to sail without an inspector on board. Authorizes department to require a certified statement containing specified information to be filed when there is no inspector present.

**AB 2381 Mr. Hicks Divorce and annulment reports.**

Requires county clerk to make a report to the State Registrar of Vital Statistics of every final decree of divorce or annulment which is filed with him after January 1, 1962.

**AB 2561 Mr. Rumford Laboratory services for the control of tuberculosis.**

Appropriates \$80,000 (divided between two years) to the State Department of Public Health for expenditure for supplemental laboratory services in the control of tuberculosis.

**AB 2759 Mr. Gaffney Organized camps.**

Defines organized camps and provides that the State Department of Public Health shall promulgate regulations for their rules and regulations as may be necessary to protect the health and safety of the campers. To be enforced by local health officers within their jurisdictions.

**AB 2983 Mr. Nisbet Hospital regional planning.**

Establishes two local hospital committees to review information on utilization of hospitals and develop principles and standards of community need to guide hospitals in meeting the needs of the public.

**AB 3062 Mr. Coolidge Alcoholic Rehabilitation Advisory Committee.**

Changes the number of members of the Alcoholic Rehabilitation Advisory Committee which may be appointed by the Director of Public Health from five to not more than fifteen.

#### ASSEMBLY RESOLUTIONS

**ACR 72 Mr. Cameron Air pollution.**

Directs the Department of Public Health to obtain data as to the identity, nature and effect on the public health of pollutants and irritants emitted from diesel engines.

Directs department to define maximum allowable emission of such pollutants. Also directs the department to report to the Legislature its findings by January 1, 1963.

**ACR 74 Mr. Cameron Motor vehicle air pollution.**

Requests rapid implementation by the Motor Vehicle Pollution Control Board of the control program authorized.

**ACR 94 Mr. George E. Brown Standards in Governmental Health Services.**

Requests the State Department of Public Health to collect and analyze data necessary for the development of standards in governmental health services, evaluates the quality of care provided and periodically report its findings to the public.

#### SENATE BILLS

**SB 247 Senator Thompson Tuberculosis subsidy.**

Revises manner in which city or county is required to use contributions which it receives on and after July 1, 1961 from or on behalf of any person from whom subsidy has been or is claimed. To take effect immediately, urgency measure.

**SB 282 Senator O'Sullivan Agricultural and migratory workers.**

Requires State Department of Public Health to maintain a health program for seasonal agricultural and migratory workers and their families.

**SB 339 Senator Rattigan Certification of records.**

Authorizes the State Registrar, local registrar or county recorder to use a printed, stamped or photographically reproduced facsimile signature in certifying to a record, provided office seal is affixed thereto.

**SB 412 Senator Burns Foods.**

Defines term "color additive" to include designated substances which are capable of imparting color to food when added or applied thereto.

Authorizes the State Board of Public Health to except any material from the definitions if it determines the material is used solely for purposes other than coloring.

Requires that a food be deemed adulterated if it bears or contains a color additive rather than a coal tar, other than one listed or certified by the Federal Food and Drug Administration.

Requires that a food be deemed adulterated if it contains mineral oil or saccharine or other non-nutritive sweetening agent only if that is contrary to the provisions of the California Pure Foods Act.

**SB 413 Senator Burns Drugs and devices.**

Defines term "color additive" to include designated substances capable of imparting color to a drug or to the human body.

Authorizes State Board of Public Health to except substances from the definition if it determines substance is used for purpose other than coloring.

Requires that a drug be deemed adulterated if it bears or contains for purposes of coloring a color additive, rather than a coal tar color, other than one listed or certified by the Federal Food and Drug Administration.

Makes it a misdemeanor to traffic in, manufacture, or sell, any drug or device which is falsely advertised.

**SB 445 Senator Thompson Clinical laboratory technology.**

Revises provisions regarding approval of clinical laboratories desiring to employ clin-

ical laboratory technological trainees for training purposes, requires State Board of Public Health to establish minimum requirements for applicants seeking approval, and changes requirements for issuance of temporary clinical laboratory technologist's license and for supervision of registered clinical laboratory technologist trainees.

Makes it unlawful for anyone to act as a clinical laboratory technologist trainee unless he is registered as such.

Exempts a district from payment of an application fee for a clinical laboratory permit.

#### **SB 586 Senator Thompson Clinical laboratories.**

Revises the educational and experience requirements for licensing as a clinical laboratory bioanalyst.

Provides for the issuance of a clinical laboratory bioanalyst's license in clinical microbiology and in clinical chemistry. Makes it unlawful for persons licensed in clinical microbiology and clinical chemistry to perform tests not within the scope of his license.

Makes it unlawful for a clinical laboratory technologist or trainee to perform tests not within the scope of the license of the director of the laboratory.

Requires reports from clinical laboratories to clearly show the name of the director of the laboratory.

#### **SB 621 Senator Farr Cosmetics.**

Prohibits the adulteration or misbranding of cosmetics.

Defines what constitutes adulteration or misbranding.

Provides for the removal from sale of cosmetics which are adulterated or misbranded.

#### **SB 695 Senator Rattigan Packaged dehydrated food.**

Deletes requirement that Department of Public Health establish the minimum nutritional values of packaged dehydrated food which is sealed and labeled as "emergency food pack," "disaster food pack," or "civil defense pack" or with language of similar import.

#### **SB 779 Senator Teale State water resources development system.**

Requires that system reservoirs be open to body contact sports where compatible with public health and safety requirements.

#### **SB 819 Senator Thompson Qualifications for licensing.**

Revises the qualifications for licensing as a clinical laboratory technologist and for registration as a clinical laboratory technologist trainee.

#### **SB 824 Senator Richards Marriage.**

Eliminates requirement that certificate of registry of marriage include race or color of parties married and prohibits inclusion of such information in the certificate.

In section relating to obtaining marriage license, provides that applicants therefor shall not be required to state, for any purpose, their race or color.

#### **SB 881 Senator Farr Operation and equipment of ambulances.**

Authorizes Department of California Highway Patrol to adopt and enforce regulations relating to operation and equipment of ambulances based on recommendations of the State Department of Public Health.

#### **SB 928 Senator Thompson Foods.**

Conforms the Pure Foods Act to the newly passed California Restaurant Act (AB 264).

#### **SB 1007 Senator Arnold State advisory commission on Indian affairs.**

Creates the State Advisory Commission on Indian Affairs, including the Director of Public Health, and prescribes its powers and duties.

Provides that the act shall be operative until September 15, 1964.

Appropriates \$25,000 for support of the commission.

#### **SB 1008 Senator Rodda Medical education plan.**

Appropriates \$20,000 for the development of a plan for medical education by the Coordinating Council on Higher Education, in cooperation with the State Department of Public Health and others.

#### **SB 1032 Senator Collier Garbage and refuse disposal.**

Defines term "garbage" for purposes of statute making it unlawful to dispose of garbage in a public place or on private property to which the public is admitted.

Requires fish and game wardens, police officers, sheriffs and their deputies, and other peace officers to enforce such statute within their respective jurisdictions.

#### **SB 1111 Senator Stiern Tuberculosis examinations.**

Eliminates from the law the exemption of persons adhering to a religious faith which depends on prayer for healing, from the general requirement that school district employees must submit to regular tuberculosis examinations. Allows local school boards to give such exemptions, if desired.

#### **SB 1223 Senator Short Local health districts.**

Provides for a Board of Directors in the San Joaquin Local Health District of nine rather than five members. Has no other effect.

### **SENATE RESOLUTIONS**

#### **SCR 27 Senator Byrne Migrant family housing needs.**

Requests Division of Housing, Department of Industrial Relations, to study and report upon migrant family housing needs.

#### **SCR 37 Senator Rodda Medical education needs.**

Directs the Coordinating Council on Higher Education to develop a plan for expansion of medical education in California, in cooperation with the State Department of Public Health and others.

#### **SCR 65 Senator Murdy Dangerous drugs.**

Requests the University of California Medical Center to make a study of dangerous drugs and to report thereon to the Legislature not later than the 30th calendar day of the 1963 Regular Session.

A New York State study shows injuries and deaths were 60 percent lower in 400 auto accidents involving people using seat belts than in 400 similar accidents where seat belts were not used.—*AMA News*, February 6, 1961.

## **Social Work Consultants Resign**

Edris Coon, consultant with the Bureau of Social Work, California State Department of Public Health, has resigned after five years of service in order to become Director of Social Services at Santa Clara County Hospital. Miss Coon received her A.B. degree from Boston University and her M.S.W. degree from the University of Washington in Seattle.

Alice Peck, who was for eleven months a consultant in the Bureau of Public Health Social Work is also resigning her position. She will be at Santa Clara County Hospital as Supervisor of the Social Service Department. Miss Peck is a graduate of Hartwick College. She received her M.S.W. degree from Boston College School of Social Work and her M.S.H. degree from the Harvard School of Public Health.

## **Willard R. Brown, M.D., Leaves Department**

On July 1 of this year Willard R. Brown, M.D., M.P.H., was named Assistant Chief of the Community Health Practices Services of Region IX, United States Public Health Service. After completing his work for an M.P.H. at the University of California in 1959 Dr. Brown spent two years with the California State Department of Public Health, the first year as a resident in the Division of Community Health Service as a part of the career development program of the Public Health Service. The second year Dr. Brown was on special assignment working with Bruce Jessup, M.D., Rural Health Consultant, on migratory health problems and later with George F. O'Brien, M.D., Chief of the Bureau of Public Health Contract Services, doing rural health. He is a co-author of the lead article in this issue of *California's Health*.

## **Personals**

LeRoy G. Burton has been appointed Chief of Licensing, Bureau of Hospitals, State Department of Public Health. This is a new position established to provide general administrative direction for the hospital licensing section of the Bureau which is responsible for licensing approximately 1,350 hospitals containing about 83,000 beds.

## NEW CALIFORNIA RESTAURANT ACT

California has a new restaurant act, which goes into effect on September 15, 1961. This Act, Assembly Bill No. 264 which was signed into law by Governor Edmund G. Brown in May, strengthens and increases the scope of the old restaurant act in existence since 1947.

The definition of a restaurant in the new act includes the following, which were not included in the earlier law: public and private school cafeterias; in-plant feeding operations including labor camps; clubs, boarding houses and guest houses.

The act also specifically covers itinerant restaurants, vehicles and vending machines.

Other improvements include the requirements that (a) hot water be provided with handwashing facilities for employees, and (b) perishable foods (including foods served at buffets and smorgasbords) be refrigerated at or below 50 degrees Fahrenheit or held at temperatures above 140 degrees Fahrenheit.

The wording of the new act is also improved over that in the old, and is

expected to eliminate confusion and misinterpretation of the law.

Passage of AB 264 culminates seven years of work by California State Health Department staff and others. In 1954 a canvass of local health departments indicated a need for an improved Restaurant Act and in 1955 and 1956 Department staff worked closely with the California Conference of Local Health Officers to develop one.

This bill was introduced into the 1957 legislature and was referred to the Assembly Public Health Interim Committee. Because of opposition to the proposed bill, a subcommittee of the Interim Committee appointed an advisory committee to develop a new law. This committee, chaired by Ralph L. Tarbett of the Department's Division of Environmental Sanitation included representatives of the restaurant industry, the culinary workers' unions, California Conference of Local Health Officers, and industrial caterers. Counsel was obtained from the Public Health Service, local directors

of sanitation, and the National Automatic Merchandising Association.

The present act, developed by this advisory committee and introduced by Assemblyman W. S. Grant from Long Beach, was strongly supported by the restaurant industry, the culinary union, local health departments and the California State Department of Public Health.

## Advisory Committee on School Vision Screening

At the request of the State Department of Education the State Department of Public Health was asked to take responsibility for reviewing and revising the state manual on vision screening of school children. To do this the Department appointed an advisory committee representative of eye and vision specialties, child and school health, school administration, and public interest.

The school vision screening manual was last revised in 1953. Since that time a great deal has been added to the knowledge and literature about this subject. Two studies in particular have contributed to the present attitudes toward vision screening in the schools: the study done by the Children's Bureau and the National Society for the Prevention of Blindness in the St. Louis schools; and the study done by the Contra Costa County Health Department, the University of California School of Optometry, and the Stanford Medical School Eye Clinic and known popularly as the Orinda Study.

Three formal meetings of the Committee were held during which members advised the Department on needed revisions in the manual. The final draft of the revision will be distributed to the committee members early in the fall after which the manual will be turned over to the Department of Education for publication. It is planned to introduce the revised manual in a series of seminars for school administrators, teachers, nurses, and personnel from public health departments.

The Japanese birth rate has fallen from 34.3 per 1,000 in 1947 to 18.0 in 1958. *Briefs*, Maternity Center Association, January, 1960.



Governor Edmund G. Brown signs the California Restaurant Act. Assemblyman William Byron Rumford, Chairman, Assembly Public Health Committee, is seated next to him. Standing, from left to right, are Senator John F. Thompson, Chairman, Senate Public Health Committee; Assemblyman W. S. Grant, author of the Act; Frank Stead, Chief, Division of Environmental Sanitation, California State Department of Public Health; and Sanford M. Cohn, President, California State Restaurant Association.



## Tehama County Contracts for Public Health Services

Tehama County has become the twelfth county to contract with the State Department of Public Health for public health services. This means that 25,450 more Californians will benefit from public health programming designed to meet their needs in sanitation and preventive medical services.

Legislation adopted in 1953 authorizes the State Health Department to participate with the governing bodies of counties of less than 40,000 population in a partnership arrangement providing for the development and administration of basic local public health services.

Other counties served through the Bureau of Public Health Services are: Alpine, Amador, Calaveras, El Dorado, Lake, Mariposa, Modoc, Mono, Nevada, Sierra, and Trinity. The citizens of Glenn, Lassen, Tuolumne, and Siskiyou Counties are yet without local organized public health programs. These four counties contain less than 0.5 percent of California's population.

## Radiation Surveys Completed At Corrections Facilities

At the request of the State Department of Corrections, radiation protection surveys were conducted by the State Health Department's Bureau of Radiological Health at facilities in Deuel, Corona, Chino, Folsom, Soledad, Las Padres and Tehachapi. Some 34 machines used for taking medical and dental X-rays were surveyed.

Although no major radiation safety problems were found, a number of recommendations were made designed to bring equipment, facilities, and practices of the X-ray technician to standards consistent with reducing radiation exposures to the lowest practicable level.

Surveys such as this are important not only for their direct benefits but, on the basis of recent legislation providing for State controls of radiation use, it is most desirable that State agencies, in their use of radiation, set a good example for others.

Two leading causes of blindness are glaucoma and diabetes. Together they account for 20 percent of all cases of blindness. *The Costly Time Lag*, P.H.S. Publication No. 813.

## Red Cross Supplies Serum Globulins

The American National Red Cross is again making available throughout the nation supplies of vaccinia immune globulin (VIG) and gamma globulin. This is a regular service of the Red Cross Blood Program.

VIG, a rare blood fraction, is prepared from blood provided by the armed forces from recently vaccinated servicemen. It is for use in two situations related to smallpox prevention in which something more than vaccination is needed. The first is the situation in which there is a known exposure to smallpox, and an added boost of immunity is needed. The second is the rare occurrence of complication from the vaccination itself.

VIG is being distributed through the Red Cross Regional Blood Centers which have a 24-hour coverage and are equipped to arrange immediate delivery. Regional consultants from the staffs of prominent medical colleges have been appointed to authorize the release of VIG after consultation with physicians requesting it.

Volunteer consultants for the distribution of VIG in California are *Moses Grossman, M.D.*, Associate Professor of Pediatrics, University of California, and his alternate, *Sidney Sussman, M.D.*, Instructor of Pediatrics, University of California Medical Center, San Francisco.

Dr. Grossman's mailing address is University of California Service, San Francisco General Hospital, San Francisco 10, California. Telephone MI ssion 8-8200, ext. 441; residence phone: OV erland 1-0475.

Dr. Sussman's mailing address is the University of California Medical Center, San Francisco, California. Telephone MO ntrose 4-3600, ext. 526; residence phone: LO mbard 4-8296.

Supplies of free gamma globulin have been made available to state departments of public health for allotment to local health districts. The supply is limited both because of the amount of usable blood available in the Red Cross program and the shortage of funds for fractionation. The Red Cross places no restriction on the medical uses of gamma globulin. Because of the limited supply, the California State Department of Public Health is recommending that its use in this State be reserved for the two diseases in which the greatest number

## College of Medical Evangelists Becomes Loma Linda University

The last student has been graduated from the College of Medical Evangelists, the fifty-six year old medical education center with campuses in Loma Linda and in Los Angeles. On July 1, 1961, the school assumed the name of Loma Linda University and all future graduates will receive diplomas bearing the new name.

First classes in the new University begin in September. As in the past, curriculums will be offered for the bachelor's degree in five areas, for degrees in medicine and dentistry, and for advanced degrees in twenty fields. Seventeen additional areas of instruction are now available in the University through the resources of La Sierra College and Pacific Union College which are now associated with the University at the graduate level.

## Public Health Positions

### Napa County

*Sanitarian:* Salary range, \$415 to \$505. Starting salary depends on experience and qualifications. Generalized sanitation program. Retirement plan; medical plan; sick leave; three weeks vacation. Automobile necessary; mileage paid. Must have California registration or be qualified for same. Apply to the Napa County Department of Public Health, P. O. Box 749, Napa, California.

### San Diego County

*Chief, Division of Preventive Medicine:* Annual salary range, \$15,348 to \$16,920. If Board certified, \$16,920 to \$18,660. Duties include organizing and directing the activities of the Bureaus of Tuberculosis, Venereal Disease, Acute Communicable Disease, School Health, Maternal and Child Health, and Public Health Nursing. Certification by American Board in Preventive Medicine and Public Health or eligibility is required, as well as two years of supervisory experience with a recognized public health agency. For more information write the County Personnel Department, Civic Center, San Diego 1, California.

of persons can be protected: measles and infectious hepatitis.

Allotment to local health districts in California is made on the basis of population estimates. A state reserve is held to help with epidemics of measles or hepatitis. Local health officers decide what restrictions to place on the small supply available to them so that it may be used most effectively. An ample supply is available on the commercial market for the physician who feels its use is warranted for other conditions.

## International Seminar Held By Students

International students in the health education class at the School of Public Health, University of California, Berkeley, organized and conducted a unique week-end "International Seminar" at the Asilomar Conference Grounds last May. The health education faculty of the school and the other members of the class were invited to participate. The group which originated and carried through the idea included students from Argentina, British Guiana, Chile, Colombia, the Congo Republic, Formosa, Ghana, India, Iraq, Korea, Nigeria, Switzerland, and Uruguay. The program focused on factors which affect the application of health education concepts, methods, and skills in different parts of the world.

After an introductory on-campus lecture on "Cultural Factors in Health Programs" by George Foster, Ph.D., Professor of Anthropology, University of California, the group drove to the conference grounds and held their first discussion meeting the same evening. Later sessions presented by the international students, dealt with the following topics: physical and economic factors affecting health programs; social and cultural factors affecting health programs; family structure as it relates to making health decisions; the role of religion in health education practice; cultural problems in the application of principles of community development;

cultural barriers to effective communications; some sub-cultural problems in application of health education concepts. A general discussion involving the entire group ended the session. This discussion brought out not only barriers to be faced in health education, but some conditions or circumstances which may aid in the process.

This was the first time that a group of international students in health education had conceived the idea for such a seminar, planned and conducted it without assistance from the faculty.

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## PROGRAM BRIEFS

### Senior Citizens Asked to Tell Housing Needs

Information is now being gathered through a survey sponsored by private and public builders and the Ford Foundation Project on Aging of the Contra Costa Community Welfare Council to determine the extent of housing needs of the county's senior citizens.

A survey questionnaire appearing in local papers requests county residents over age 62 to answer questions concerning kinds of housing they require, feasible price range, and whether they prefer to live in apartments especially designed for older persons, or in buildings with younger families. Additional copies of the questionnaire are available in all public libraries, social service offices, and health department offices throughout the county.

In 1960 there were 34,000 persons over 60 in the county, and over 10 percent of all housing in the county was over-crowded. As shown by statistical information gathered with the 1960 census, inadequate housing is one of the outstanding problems of the elderly.

The Housing Authority has reported that one out of every five persons over 65 on Old Age Assistance and many others living on extremely small pensions or on Social Security payments may need low-cost housing.

Data gathered in the present survey will be useful to private and public builders, and will provide the board of supervisors with information they have requested showing the extent of need for low-cost rentals for the county's senior citizens.

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Although nine percent of the population is now 65 or over, the percent is not expected to rise materially in the next 20 years. And when the "dependent" age groups—persons under 18 and those 65 and over—are lumped together, they constitute about the same proportion of the total population as was the case at the beginning of the century. George Bugbee, President, Health Information Foundation, *Progress in Health Services*, Vol. X, No. 2.

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Nearly 90 million Americans still lack the protection of polio vaccination. *Currents in Public Health*, February, 1961.



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